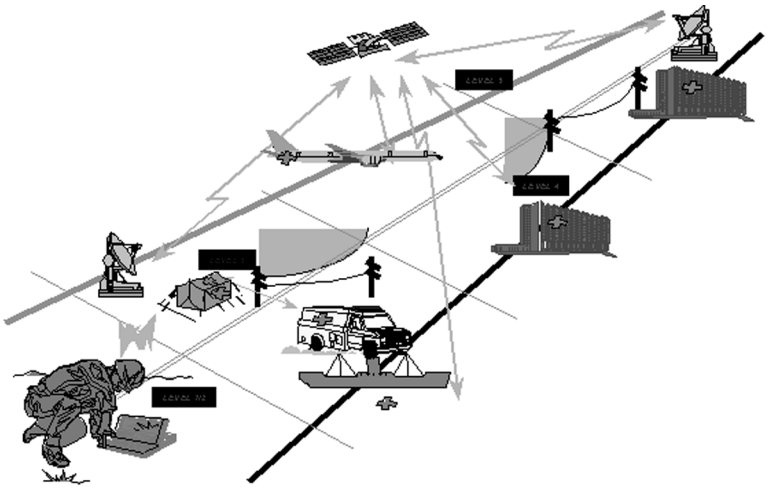
Theater Medical Information Program (TMIP)

The Theater Medical Information Program (TMIP) is a tri-Service system that is designed to provide information to deployed medical forces to support all medical functional areas, including command and control, medical logistics, blood management, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower and training, and medical capability assessment and sustainment analysis. TMIP Block 1 performs these services by integrating information from existing medical systems, including the Composite Health Care System (CHCS), CHCS II, Defense Blood Standard System, and Defense Medical Logistics Standard Support (DMLSS). TMIP will continue to integrate other medical applications that have been developed for use during deployment such as the Transportation Command Regulating and Command and Control Evacuation System.

TMIP will be developed incrementally in "blocks" of increasing functionality and integration. The military Services fund their own infrastructure (networks and communications) and computer hardware to host the TMIP software in the theater environment. The Joint Requirements Oversight Council (JROC) approved a Capstone Requirements Document in January 1999 and the Operational Requirements Document (ORD) for TMIP Block 1 in October 2000. The JROC revalidated the Block 1 ORD in August 2001. Block 2 Milestone B and Block 1 Milestone C decisions were awarded by the Information Technology Acquisition Board in November 2002.

TEST & EVALUATION ACTIVITY

- In March 2001, the Army Test and Evaluation Command (ATEC), the lead independent Operational Test Agency, conducted a Limited User Test (LUT) on a prototype version of TMIP Block 1 at Fort Sam Houston, Texas, in combination with a LUT of the Army's TMIP hardware.
- A Capstone Test and Evaluation Master Plan, along with an annex that specifically addresses TMIP Block 1, was approved in April 2001 and an updated version was approved in October 2002.
- A joint alpha test, a Developmental Test/Operational Test event employing typical users from the Navy and Air Force, is scheduled for February 17 through March 21, 2003, in Diego Garcia. The Air Force will also conduct Echelon 3 testing at Brooks Air Force Base in San Antonio, Texas. A command and control center will be established at United States Pacific Command in Hawaii to consolidate and analyze the data collected from various test sites. The Navy and the Marine Corps will also conduct alpha tests from March 24 through April 30, 2003, with the Navy exercising five ships of the 7th Fleet and the Marine Corps conducting testing in Hawaii.
- A joint Block 1 Initial Operational Test and Evaluation (IOT&E) will be conducted at a minimum of four locations, one for each of the four Services, during the period of June 16 through June 27, 2003. ATEC and the U. S. Army Medical Department Board have developed a comprehensive Operational Test and Evaluation plan and continue to refine it.



The Theater Medical Information Program is a tri-Service system that integrates information from various existing medical information systems and provides it to deployed medical forces. It supports all medical functional areas.

TEST & EVALUATION ASSESSMENT

During the LUT of the Block 1 prototype, ATEC determined that all of the features and capabilities that were available for testing were operationally effective, but these included only about half of those planned for the Initial Operational Capability. Using an Army infrastructure, TMIP successfully provided the following capabilities to deployed users: CHCS, DMLSS Assemblage Management, preparation of several Joint Task Force reports, and limited administrative processing of patients. The planned capabilities that were not tested included operations using Air Force and Navy infrastructures, immunization tracking, lower echelon reporting and surveillance, and more detailed patient encounters. The TMIP Block 1 prototype was not considered suitable due to deficiencies in continuity of operations, security, and information assurance. There were also shortfalls in training and documentation.

TMIP must integrate several existing and developmental systems into a single system that can be easily used by theater commanders and medical personnel in combat environments. Its heavy dependence on the successful operation of the other systems presents additional technical challenges. The functional and operational testing of each TMIP application is supposed to occur prior to delivery to the TMIP Program Manager for integration. This can impose a scheduling problem for TMIP, since a delay in, or problem with, any application can impact the delivery of that TMIP block. In the past, this and other factors resulted in slippage of the schedule, and there were some difficulties in sharing data with the various applications. However, TMIP-Joint successfully completed Block 1 integration and independent software qualification testing in October 2002. In December 2002, the production version of the TMIP-Joint software was issued to the Services for training and use during alpha testing and IOT&E.